

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91186 019 ****70.00

DOCUMENT # N41887

1. Entity Name

THE BUONICONTI FUND TO CURE PARALYSIS, INC.

Principal Place of Business

Mailing Address

**1095 NW 14 TERRACE
 2-47
 MIAMI FL 33136**

**1095 NW 14 TERRACE
 2-47
 MIAMI FL 33136**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0244316

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAATTAMA, HENRY H JR
 % AKERMAN, SENTERFIT & EIDSON, P.A.
 ONE S.E. 3RD AVE., 28TH FLOOR
 MIAMI FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SCHNIEDER, JOHN A 711 FIFTH AVENUE, 9TH FLOOR NEW YORK NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERNING, DIANA C 1095 NW 14 TERRACE MIAMI FL 33136	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOKKAN, WILLIAM 1600 NW 10 AVE, R-48 MIAMI FL 33136	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUONICONTI, NICHOLAS A 445 GRAND BAY DRIVE KEY BISCAYNE FL 33145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS BUONICONTI, MARC 10 EDGEWATER DR, 9-H CORAL GABLES FL 33133-2314	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Suzanne Sayfie 1095 NW 14 Terrace Miami, FL 33136	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Diana Berning
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diana Berning, Treasurer 05/31/02 (305) 243-7154

Date

Daytime Phone #

CR2E037 (9/01)